

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/589693		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8	1						58						
9	1						59						
10	1						60						
11							61						
12				1			62						
13				1			63						
14				1			64						
15				1			65						
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19			1	1			69						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	6	←	7	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	10		10				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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